Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST FO	OR AL	LOWA	ABLE AND	AU)	rhori:	ZATION					
I.	TO TRANSPORT OIL AND NATURAL GAS												
rator									ĀPI No.				
Giant Exploration & Production Company									30-045-05576				
Address P.O. Box 2810, Farming	eton.	New Mex	kico	8749	9								
Reason(s) for Filing (Check proper box)	, ,				0	ther (P	ease expl	in)					
New Well		Change in	Transpo	rter of:	-						1		
Recompletion	Oil		Dry Ga	.s 🗆							l		
Change in Operator	Casinghea	d Gas	Conden	sate			Eff	ective J	u1y 1, 1	990			
If change of operator give name U4 se	on Davi	alopmer	nt Co	mpany	. P.O. P	ox 2	810.	Farming	on, N.M.	8749	9		
and address of previous operator	on Devi	eropiici		mparty	, , , , , ,								
II. DESCRIPTION OF WELL A	AND LE	ASE											
Lease Name	Well No. Pool Name, Including Formation Kind												
Central Bisti Uni	t W.F	167 -5	<u> </u>	Bisti	Lower 0	allu	ı p	Sizie,	ederal	1 SF	078056		
Location Unit Letter D	:66	0	Feet Fr	om The	North L	ine and	660	: Fe	et From The We	st	Line		
Section 6 Township	, 2	5N	Range	12	W ,	NMPM		San Ju	an		County		
al I	cn Cn Cn Cn Cn Cn Cn Cn Cn Cn Cn Cn Cn Cn	ים מס מי	77 A %!	ייי אינא רפו	UDAL CA	e							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil										nt)			
Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent)							
If well produces oil or liquids, give location of tanks.	Unit	S∞c. 	Тир.	l Rg	e. Is gas actu	ally con	meeted?	When	?				
If this production is commingled with that f	rom any od	her lease or	pool, gi	ve commi	ngling order nu	mber:							
IV. COMPLETION DATA													
		Oil Well		Gas Well	New We	ıı w	orkover	Deepen	Plug Back S	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)							<u></u>	l,l.				
Date Spudded	Date Com	pl. Ready to	Prod.		Total Dept	h			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/G	Top Oil/Gas Pay				Tubing Depth			
Perforations										Depth Casing Shoe			
		TUBING.	CASI	NG AN	D CEMEN	TING	RECOF	RD					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
Note oler													
	1												
V. TEST DATA AND REQUES	T FOR	ALLOW.	ABLE							6.11.24 km	l		
OIL WELL (Test must be after re	covery of 1	otal volume	of load	oil and m	ust be equal to	or exce	ed top all	owable for the	s depin or be jo	r jui 24 nou	75.)		
Date First New Oil Run To Tank	Date of To	est			Producing	Method	l (<i>Flo</i> w, p	wnp, gas lift, i	Choke Size				
Length of Test	Tubing Pressure				Casing Page	O) The ME							
Actual Prod. During Test	Oil - Bbis.				Water 14	Marcel 11965							
CACAWELL	1							result "					
GAS WELL Actual Prod. Test - MCI/D	Length of	Test			Bbls. Con-	lenrate	MMCF	1.1717	Ciravity of Co	ndensate	``		
Actual Frod Test - MC17D	Longaron						ring e ger i j		-		•		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pro	Casing Pressure (Shul-in)				Choke Size			
VI. OPERATOR CERTIFIC	ATE C	F COM	PLIA	NCE		Oll	_COI	NSERV	ATION [OIVISIO	ON :		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						JUL 0 6 1990							
is true and complete to the best of my	knowledge	and belief.			Da	ite A	pprove	ed		A			
Corsin Claure						By Bill Chang							
Signature Aldrich L. Kuchera President					. '	SUPERVISOR DISTRICT #3							
Printed Name JIIN 2 2 1990		(505)) 326	3-3325	Tit	le				. <u></u>			
Date		Te	lephone	No.	- 11								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.